

CRITERIA FOR PRIOR AUTHORIZATION

Ruconest® (C1 esterase inhibitor, recombinant)

PROVIDER GROUP Pharmacy
Professional

MANUAL GUIDELINES The following drug requires prior authorization:
C1 esterase inhibitor, recombinant (Ruconest)

CRITERIA FOR PRIOR AUTHORIZATION FOR C1 ESTERASE INHIBITOR: (must meet all of the following)

- Patient must have a diagnosis of Hereditary Angioedema (HAE), with provider submitting documentation that diagnostic testing was completed
- Must be used for the treatment of an acute attack of HAE
- Must not be used for the treatment of a laryngeal HAE attack
- Patient must be 13 years of age or older
- Dose must not exceed 4200 units per dose, 2 doses per day
- Must be initially administered by a health care professional in an outpatient or home health setting with subsequent administration by only specific persons trained who have demonstrated competence

LENGTH OF APPROVAL: 12 months